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10/25/2007

FILING DATE

07/01/2003

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885



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APPLICATION NO.

10/612,060

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D/A3165

		(Signature		
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NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		

TITLE OF INVENTION: REDUCING BOUNDARY EFFECTS FOR IMAGES WITH SCREEN PATTERNS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO ·	\$1440	\$300	\$0	\$1740	01/25/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	11/07/2007 S	ZEWDIE2 00000032 24	10037 10512060
TUCKER,	WESLEY J	2624	382-264000	01 FC:1501 02 FC:1504	1440.00 DA 300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the patent front page, list				
		<ol> <li>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</li> <li>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</li> </ol>		neys IOIIII &	10liff & Berridge, PLC 2	
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A ASSIGNEE NAME AND DESIDENCE DATA TO BE DEINTED ON THE PATENT (print or type)						

Zhigang Fan

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

( ),	(-,,	
Xerox Corporation	Norwalk, Connecticut	
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🐔 Corporation or other private group entity 🚨 Government	
4a. The following fee(s) are submitted:	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)	
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2 Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.	
Advance Order - # of Copies	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).	
5. Change in Entity Status (from status indicated above)		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☑ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	
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Authorized Signature	Date November 6, 2007	
Typed or printed name . Ionathan H. Backenstose	Registration No. 47, 399	

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